North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services

THE CHILD PLAN

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Our Mission

North Carolina will provide children and families with mental health needs a system of quality care that includes accessible, culturally appropriate, individualized mental health treatment, intervention and prevention services, delivered in the home and community, in the least restrictive and most consistent manner possible.

If you need assistance, or have comments or questions about the plan or its implementation:

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INTENSIVE IN-HOME SERVICES

Intensive in-home services, a new Medicaid billable service definition, is the centerpiece of local services for children and adolescents and their families. This service is focused on the family. Its intention is to preserve the family by stabilizing the living arrangement and preventing out-of-home placement of the youth.

Reunification of the family is the focus for youth who are returning from out of home placement in a psychiatric hospital, therapeutic foster care or a residential facility. The service provides intensive intervention to enable the youth and family to remain stable, together, in the community.

Services are more intensive at the beginning. A team of a licensed professional and at least two associates work with a family primarily in the home. However, the work can occur at the child's school or other locations in the community.

If intensive in-home services are appropriate, the community support worker and family may invite the team leader to participate in the development of the child's person-centered plan. Then, according to the plan, the team provides services including crisis management, individual and/or family therapy and substance abuse intervention as needed to manage the child's psychiatric and/or addiction symptoms. They train the youth in self help and living skills and train the family in parenting skills. Further, they work with the family to implement other home-based supports and link the family to needed community services.

During the first month, the

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ELIZABETH AND ERICA'S STORY

Soon after beginning her freshman year at high school, Erica began to have mood swings and erratic bursts of anger. She had changed friends and would leave home in the middle of the night. That's when Elizabeth, her mother, learned that Erica was "experimenting" with drugs and alcohol. She hoped it was normal adolescence. Eventually, Erica was caught at school with alcohol on her breath. She became violent with her family and it became clear that her drug use was very serious.

The mental health center provided outpatient counseling and then a community approach, yet Erica coped by using physical violence. It became impossible to keep her safe, so Elizabeth placed Erica in a treatment facility for dually diagnosed adolescents in April of her freshman year.

Although Erica's family participated in therapy one hour each week, their issues were so intense that they were not prepared for her discharge in October. Erica returned home sober and committed to recovery, but her family was unable to support her.

When Erica turned 16, a case manager was assigned and began a child and family team using a whole family approach. The team included Elizabeth, two sisters (one with Down's syndrome), her father and stepmother, a family friend/advocate and a substance abuse therapist for Erica. The team found her a non-traditional placement with extended family support. With team support, Elizabeth began to address her own substance abuse issues. Read the complete interview: http://www.dhhs.state.ne.us/mhddsas/chandandfamily/index.htm.

PROGRESS AND CRITICAL SUCCESS FACTORS

- **Access/Screening/Triage:** Recommendations for crisis services for children and youth have been presented to Division management.
- **Accountability**: In January, Governor Mike Easley ordered DHHS to survey all currently licensed group homes and to suspend issuing new licenses until the survey is complete. Over eleven hundred Level III facilities are under intensive review. Approximately one half have been inspected and appropriate action has been taken.
- **Operations/Rules/Policies**: (1) The Rules Committee approved proposed rules to establish a new licensure category for residential Level III providers that increases requirements for opening and operating these facilities. The new rules increase the staff to client ratio and require a higher professional degree for facility directors and for supervision and consultation. (2) Recommendations for services for children and youth in crisis and for aggressive youth with psychiatric disorders have been submitted to the Division's leadership for review.
- **Resources/Funding**: See the article on Intensive In-Home for information on the recent Mental Health Trust Fund awards given.
- **Training**: A consumer and family video conference on person-centered planning and the service definitions was held March 16 with multiple sites across the state.

INTENSIVE IN-HOME, CONTINUED

team and family work together at least 12 times. Most contacts are face to face with the child and/or family. An average of six contacts occur in each of the second and third months. However, the team is available 24-hours-a-day, seven-days-a-week, particularly for crisis management.

As goals are achieved and the risk of out of home placement is diminished, and as the parents' skills become more effective and the youth develops skills in managing his or her life, services decrease. Intensive in-home will effectively serve most children and families.

This winter the Division requested applications from area programs and LMEs for the use of MH/DD/SAS Trust Funds to establish or expand intensive in-home services with respite and crisis components. Of 19 applications, nine were chosen to receive funding for 2005-2006.

Congratulations and awards go to Pathways, Mecklenburg, Orange-Person-Chatham, Guilford, Centerpoint, VGFW & Riverstone, Tideland, Southeastern Center, and Smoky Mountain. See the DMH/DD/SAS web page for details.

Multisystemic therapy (MST) is an evidence based service similar to Intensive In-Home services. However, it is designed specifically for youth with antisocial, aggressive/violent behaviors and their families, including those at risk of out-of-home placement due to delinquency, or adjudicated and returning home, or chronic and violent juvenile offenders, or involved in the juvenile justice system with serious emotional disturbances or substance abuse. MST requires extensive training and supervision.

INTERAGENCY DEVELOPMENTS

- The State Collaborative invited the Child and Family Team Work Group (representatives from the divisions of juvenile justice, social services, public health, and MH/DD/SAS working independently) to become a subcommittee of the Collaborative's training committee.
- The Division and LMEs are drafting a memorandum describing the support that children in a classroom can potentially receive from Community Support workers. Community support is a new comprehensive service that includes case management and support functions.
- Representatives of the DMH/DD/SAS and the Division of Social Services are developing a combined child and family team curriculum. This involves coordination with existing university contracts and Department leadership.

Did you know?

The array of services for children and youth includes:

1. The proposed Medicaid service definitions that are being reviewed by the federal Centers for Medicare and Medicaid (CMS). **AND**
2. The state funded and Medicaid services that are currently in effect, such as respite, personal care, developmental day, facility based crisis, inpatient hospitalization, and long term residential.

If a child and family are not Medicaid eligible, in most cases there are state funds to provide equivalent services.

For a complete list of services and rates, go to http://www.dhhs.state.nc.us/mhddsas/ and click on *Proposed MH/DD/SA Service Rates.* The list of services begins with Medicaid funded services and continues with hospital associated services and finally lists state funded services.

The Division has recently published:

- Communication Bulletin #34, Person Centered Planning Guidelines.
- Communication Bulletin #35, Policy Guidance on Community Based Crisis Services.

You can find these on the Division's web site at: http://www.dhhs.state.nc.us/mhddsas/announce/index.htm